RI DGEWOOD CARE CENTER 5455 DURAND AVENUE

RACI NE 53406 Phone: (262) 554-6440 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Yes Number of Beds Set Up and Staffed (12/31/01): 210 Total Licensed Bed Capacity (12/31/01): 210 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 210 Average Daily Census: 208 ********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	23. 8	
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 0	
Supp. Home Care-Household Services	No	Developmental Disabilities	4.8	Under 65	20. 0	More Than 4 Years	36. 2	
Day Services	No	Mental Illness (Org./Psy)	34. 3	65 - 74	15. 7			
Respite Care	No	Mental Illness (Other)	24. 3	75 - 84	35. 2	•	100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26. 7	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 5	95 & 0ver	2. 4	Full-Time Equivalen	it	
Congregate Meals	No	Cancer	0. 5	İ	ĺ	Nursing Staff per 100 Re	si dents	
Home Delivered Meals	No	Fractures	0. 5		100. 0	(12/31/01)		
Other Meals	No	Cardi ovascul ar	6. 2	65 & 0ver	80. 0			
Transportation	No	Cerebrovascul ar	6. 2	[`]		RNs	11. 1	
Referral Service	No	Di abetes	1. 9	Sex	% j	LPNs	7. 6	
Other Services	No	Respi ratory	2. 4		j	Nursing Assistants,		
Provi de Day Programming for		Other Medical Conditions	18. 6	Male	39. 0	Ai des, & Orderlies	41. 3	
Mentally Ill	Yes			Femal e	61.0			
Provide Day Programming for			100.0		j			
Developmentally Disabled	Yes		ate ate ate ate ate ate ate		100.0		ale de de de de de de de de	
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	8	4. 4	126	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	8	3. 8
Skilled Care	13	100.0	231	166	91.7	107	0	0.0	0	15	100.0	165	0	0.0	0	1	100.0	450	195	92. 9
Intermedi ate				7	3. 9	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	3. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		181	100.0		0	0.0		15	100.0		0	0.0		1	100. 0		210	100. 0

County: Raci ne RI DGEWOOD CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12	/31/01
Deaths During Reporting Period	L				% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 5	Bathi ng	5. 7		54. 3	40. 0	210
Other Nursing Homes	5. 9	Dressi ng	12. 4		74. 3	13. 3	210
Acute Care Hospitals	83. 2	Transferring	40. 5		34. 8	24. 8	210
Psych. HospMR/DD Facilities	3.4	Toilet Use	28. 1		42. 9	29. 0	210
Rehabilitation Hospitals	3.4	Eating	64. 3		20. 5	15. 2	210
Other Locations	1. 7	***************	**********	*****	*******	*********	******
Total Number of Admissions	119	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	4.8		Respiratory Care	8. 6
Private Home/No Home Health	17. 9	Occ/Freq. Incontinent	of Bladder	59 . 5	Recei vi ng	Tracheostomy Care	0. 5
Private Home/With Home Health	11. 1	Occ/Freq. Incontinent	of Bowel	37. 1	Recei vi ng	Sucti oni ng	0. 5
Other Nursing Homes	6. 0				Recei vi ng	Ostomy Care	2. 9
Acute Care Hospitals	21. 4	Mobility			Recei vi ng	Tube Feeding	4. 8
Psych. HospMR/DD Facilities	0. 9	Physically Restrained	l	1. 9	Recei vi ng	Mechanically Altered Diets	s 35. 2
Rehabilitation Hospitals	0.0						
Other Locations	6. 0	Skin Care			Other Reside	ent Characteristics	
Deaths	36.8	With Pressure Sores		7. 6	Have Advan	ce Directives	72. 4
Total Number of Discharges		With Rashes		11. 9	Medi cati ons		
(Including Deaths)	117				Recei vi ng	Psychoactive Drugs	73. 3

************************************ Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership: This Government Facility Peer Group		2	Si ze: 00+ Group	Ski	ensure: lled Group	Al : Faci :	l lities		
	% % Ratio		Ratio	%	Ratio	% Ratio		%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	99. 0	81. 4	1. 22	84. 7	1. 17	84. 3	1. 18	84. 6	1. 17	
Current Residents from In-County	94. 3	84. 1	1. 12	82. 2	1. 15	82. 7	1. 14	77. 0	1. 22	
Admissions from In-County, Still Residing	42. 0	32. 4	1. 30	22. 3	1. 88	21. 6	1. 95	20. 8	2. 02	
Admi ssi ons/Average Daily Census	57. 2	64. 0	0.89	89. 0	0. 64	137. 9	0.41	128. 9	0. 44	
Discharges/Average Daily Census	56 . 3	66. 7	0.84	93. 1	0. 60	139. 0	0.40	130. 0	0. 43	
Discharges To Private Residence/Average Daily Census	16. 3	19. 2	0. 85	37. 0	0. 44	55. 2	0.30	52. 8	0. 31	
Residents Receiving Skilled Care	96. 7	85. 0	1. 14	89. 9	1.08	91.8	1. 05	85. 3	1. 13	
Residents Aged 65 and Older	80. 0	84. 3	0. 95	87. 3	0. 92	92. 5	0.87	87. 5	0. 91	
Title 19 (Medicaid) Funded Residents	86. 2	77.7	1. 11	73. 2	1. 18	64. 3	1. 34	68. 7	1. 25	
Private Pay Funded Residents	7. 1	16.8	0. 42	19. 8	0. 36	25. 6	0. 28	22. 0	0. 32	
Developmentally Disabled Residents	4. 8	3. 2	1.47	2.4	2. 02	1. 2	4. 05	7. 6	0. 63	
Mentally Ill Residents	58. 6	56. 2	1. 04	42. 5	1. 38	37. 4	1. 57	33. 8	1. 73	
General Medical Service Residents	18. 6	15. 4	1. 21	25. 0	0. 74	21. 2	0.88	19. 4	0. 96	
Impaired ADL (Mean)	47. 2	49. 2	0. 96	51. 7	0. 91	49. 6	0. 95	49. 3	0. 96	
Psychological Problems	73. 3	65. 9	1. 11	59.8	1. 23	54. 1	1. 36	51. 9	1. 41	
Nursing Care Required (Mean)	9. 0	7. 6	1. 19	7. 3	1. 22	6. 5	1. 38	7. 3	1. 23	